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1975. Happy New Year to you all and may this year be good for Chiropractic in our country. I have recently received a personal letter from Dr. DeJarnette dated 24.12.74. Reproduced here is a large part of that letter. This will not only give you information but will help give you our readers an insight into the DeJarnette Keith and I have grown to love and respect. We only wish all leaders in Chiropractic were as true to the Principle as this great man.

" and the S.O.T. 75 when ready, hopefully in 45 days. It is a big problem today getting supplies for the notes.

I made it past 75 years. Am now 75 and one day, thank god and S.O.T. I have completed my fifty years in chiropractic and as I sit here, I am amazed that we are still operating as a profession. It is suprising that some one isn't selling a manual on prostitution, cause they bombard us with every thing else. It is suprising that we got along for so many years without acupuncture, yet today in the U.S.A. approximately 5000 D.C.'s are supporting acupuncture. Thank God, medicine is far more stable than is chiropractic. I feel that our colleges as a general rule have done a very poor job teaching chiropractic, the Palmer College being an exception. The difference between chiropractic learning as taught in most of our colleges and medical learning is our philosophy, and Palmer excelled in that for years. They are slowly turning the other cheek, and that is sad. The average D.C. today has very little honest respect for the chiropractic adjustment. He seems bent upon glamourising other procedures that get more free publicity. I have to see patients daily that D.C.'s mess up..Saw three bad cervical whiplash traumas this week that were done by D.C.'s.

S.O.T. is the lighted candle in the darkness of chiropractic, and if we keep it burning, many will direct their shipwrecked techniques toward it's light.

Clinic Masters sent me and 20.000 other D.C.'s a long letter today. It outlines seven steps to fame and fortune. I am reviewing cases weekly in which D.C.'s have sent bills for hundreds of dollars, for problems that should cost about \$10.00. ( D.J. is insurance assessor for Mutual of Omaha ) This must lead us into the main stream of destruction."

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MELBOURNE. Registrations are rolling in and we are confident that this Seminar will be the best yet. To date 13 completely new Chiropractors want to take the introductory course and so far the C.M.R.T. section has 8 Registrations. Really thought you fellows who receive this Bulletin would be the first on the ball. How about filling out the form right away so you will give Keith and myself time to prepare all that is necessary for a Seminar of this size. In the C.M.R.T. section I will cover every reflex from D.1. thru L.5. so you will all need to have your thinking caps on. ON the first day there will be a completely different presentation and we feel it will be excellent review for you all. Also included with this Bulletin are forms for the Seminar as well as renewal for the 1975 Notes. These Notes will be the best yet and will render you eligible to attend the Omaha Convention this year. Remember the dates for the Seminar Jan. 31st. Feb. 1st. & 2nd.

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EDITORS CORNER. The other day my telephone went. It was a highly respected colleague one who has been to a few S.O.T. Seminars and one who is doing a fine Job for chiropractic. Scott, he said. " I have heard the music, I have been to the concerts, I have bought the score, but I can't read the darn notes." How many of you have this same problem? How many are afraid to use S.O.T. ? Who has been discouraged because you made a mistake in using the work and did not get a good result or even a shocking result on a patient ? The indicators in S.O.T. are simple and give you directions to take or decisions to make. Learn your work well and you will have no problems. However if you have never put your nose into your 1974 Notes since your last Seminar then do not expect to have any proficiency in S.O.T. We are often asked. Can I come up to your clinic so you can teach me how to use S.O.T., so I can see how S.O.T. is used. By all means come to the office but please let us know in advance. However do NOT expect us to teach you S.O.T. we do not have the time and we use much of the time very advanced work. So more than likely you would become confused and would gain no benefit at all. That is precisely the reason we

hold Seminars. The work is presented to you in a form which is easily learned IF YOU PUT IN THE TIME AND EFFORT TO LEARN IT. Do not expect S.O.T. to come pouring out of you after one lesson. Get your book out every night and learn a little more. There is no easy road to knowledge just hard work. We give you the framework the finishing work is up to yourselves...how good do you want to be ?

Has it ever occurred to any of you that before I came to Australia I had never used or seen S.O.T. used in a practice before. Where did I learn ? From the book. No...just by using the work all the time and learning learning from my mistakes. Using S.O.T. in practice is a developmental thing but first you must learn the work thoroughly then take the plunge. Not a day goes by when I don't think or read or write something about S.O.T. Get yourselves into groups and study, we CANNOT do it for you.

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DeJarnette OMAHA 1974. We are going to explain the Flexion - Extension my way. It is not Gray's, Cunninghams, or any of the other illustrious writers on Anatomy. This a country boys explanation of humanities problems.

All things are very simple when you look at them with uncomplicated eyes. Recognize that first of all God made man and he didn't make him more complicated than man could understand him. We only complicate man by not understanding him. Now you are very much concerned about Flexion-extension. Now (bending forwards) this is flexion and this is (bending backwards) is extension. But that is not what we are talking about at all. Disassociate it please. Anymore than we are talking about a tom cat that is constipated, in comparison to a tom cat that has diarrhea. They go into flexion-extension too. I'm not talking about that kind. Did you ever see a cat with diarrhea dig a hole, and compare it to a constipated cat. A constipated cat digs a little then sits and looks to see if it is deep enough. The one with the diarrhea does not give a damn. All he does is try to get his feet out of it. That is flexion and extension. Did you ever see a constipated cat try and do something. A cat with diarrhea it goes the other way. You want it in country language ? Okay. This is nothing to do with Ferguson's angle. We are not talking about Ferguson's angle When we are talking about flexion and extension and the degrees of it we are talking about the function of the dura. From the skull to the sacrum. The sling shot. When the sacral base is posterior the dura has to be shortened. When you study the dura it has 10 millimetres in front and 15 millimetres behind (anterior-posterior). If it exceeds this by 5 mm. man gets sick and may die. When a patient coughs in the prone position on the blocks he reacts differently than he would than when he coughs in the prone position without blocks. Because when he is on the blocks the innominates have something to move upon. When they are not on the blocks they have nothing to move upon and his spine has to do all the motion. What you are measuring here is the degree or lack of motion of the pelvis when you cough causing the dura to react. Now the dura in coughing is the thing that either causes the spine to bounce or jerk. It is not the muscles. It is the dura. You are measuring the tension of the dura, and an SB plus is an excess of normal and an SB minus is less than normal. When it (5th lumbar) bounces and jerks it is normal. Now lots of the time when people cough they have a severe pain in one eye or the other. Lot's of times when people cough one ear stops up, or the nose runs, and if you cough 7 times tears flow from the lacrimal ducts. If they cannot flow then you develop a tremendous headache. These tears that are flowing are cerebro-spinal fluid escaping to relieve this pressure, you see.

People when they are sick have to have certain things to get well. If you should happen to have a gastro intestinal problem you would probably develop diarrhea. That probably prevents you from getting sicker than if you didn't develop diarrhea. When you get a pulmonary problem,,..When I first started practice we tried to suppress the cough. Today they encourage the cough. Because they realise the more you cough the quicker you recover. As long as the cough does not exhaust you.

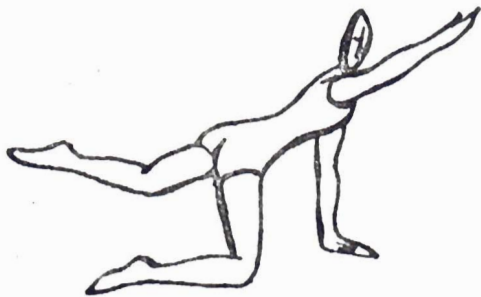
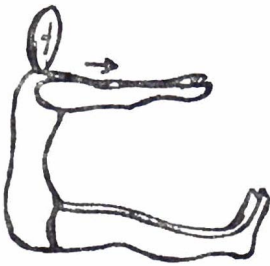
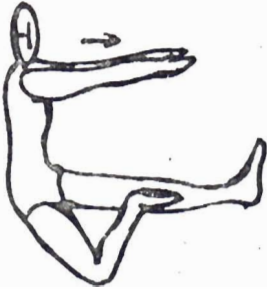
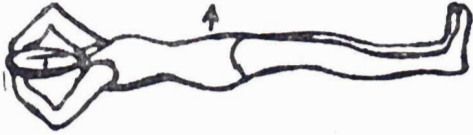
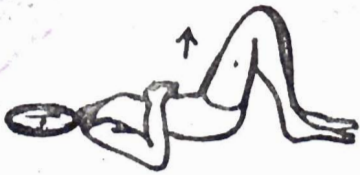
To be cont'd.

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On the next page is one of a series of 4 which will be printed in the issues to come. They have been obtained from the SORSI DISPATCHER which is printed in Canada. From time to time we will reproduce worthwhile articles from that very fine magazine. We look forward to forward to being with each one of you at the Melbourne Seminar and we hope you look forward to being with each other too. FILL OUT THE FORM NOW.

Credit for the exercises to Dr. S.R. Souch D.C. He says "I have found the exercises to be very effective in helping chronic shoulder, low back and knee problems."

### EXERCISE FOR SCOLIOSIS



1. There are 3 positions to this exercise. Start 10 to 12 times in each position and increase to 50 times.

A. Lie on back, knees bent and feet flat on floor close to buttocks.

Raise and lower buttocks. Stretch the hips.

B. Extend legs until thighs are approximately 45° to the floor.

Raise and lower buttocks. Stretch them.

C. Extend legs flat on the floor.

Raise and lower buttocks as far as possible.

2. A. Sit with the body erect. Left leg straight and right leg bent with the foot placed against inner side of left knee. Fix eyes on a spot on the wall and raise arms until they are parallel with the floor. Do not bend left knee.

Keeping your eyes on the spot bend forward as far as possible. Head must stay erect and arms must stay parallel with the floor. Do not bend left knee.

B. Reverse position to A. Right leg straight and left leg bent with foot to right knee.

Repeat as above.

C. Same basic exercise but with both legs straight keeping knees flat on the floor.

3. Get on your hands and knees with your knees directly under your hips, and your hands directly under your shoulders.

Raise your right leg and left arm simultaneously holding them in a straight line with your trunk until the count of 4.

Repeat with left leg and right arm. Continue with this exercise for about 3 minutes.

4. Kneel with arms clasped behind your head and elbows straight out.

Move right knee as far forward while stretching left leg straight out behind. Turn head and body as far as possible to the right for the count of 4.

Reverse this position moving left leg forward and stretching right leg to rear. Turn body to left and hold to the count of 4.